| TEN                 | INES   | SEE            | : UNI             | <b>FOF</b> | RM TR              | AFF              | IC AC              | CID            | ENT  | RE                 | :PC                 | RT           |                 |                |                  |                        |          | F                          | PAGE 1        | of to        |
|---------------------|--|----------------|-------------------|------------|--------------------|------------------|--------------------|----------------|--|--------------------|---------------------|--------------|-----------------|----------------|------------------|------------------------|----------|----------------------------|---------------|--------------|
|                     |  |                | MBER (DÖ N        |            |                    |                  |                    |                |  |                    |                     |              | LOCAL           | L AGENC        | Y USE            |                        | REFER    | BENCE NO                   | MBER          |              |
|                     |  |                |                   |            |                    |                  |                    |                |  |                    |                     |              |                 |                |                  |                        |          | 29                         | 174           | 80           |
| DEBORT              | TING AGEN  | icv            |                   |            | NAME OF IN         | VESTIGAT         | ING AGENC          | <del>-</del> - |  |                    |                     |              |                 |                | HIT              | AND RUN                | ,        | SOLV                       | ••            |              |
| 1 THE               | P 2 □ C  | PD 3□          | SO 4              | OTHER      |                    |                  | III AGENO          |                |  |                    | I                   |              |                 | las            |                  | YE\$ 2                 |          | 1 🗆                        | YES 2         |              |
| MO.                 | TE OF ACC  | IDENT<br>1 YFL | sun               | М          | DAY OF ACCI        | THU              | F S                | TIME           | F ACCIDI                                     | =NT<br>1 □ AM      | !                   | SE NOTIF     |                 | ] AM           | LICE AR          | _                      | AM       | INVESTIG                   | ATION COM     | VIPLE IE?    |
|                     |  |                | 1                 | 2          | 3 4                | 5                | 0 7<br>6 7         |                |  | 2 🗀 Pi             | 4                   |              | 2               | РМ             |                  | 2 □                    |          |                            | YES 2         | NO           |
| <u> </u>            |  |                | ACCIDEN           | _          |                    | TOTAL<br>VEHIC   | LES KIL            | TAL<br>LED     | TOTAL<br>INJUREE                             | י ו                | OTAL<br>NINJUR      | ED           |                 | TOS TAK        |                  | IF YES, BY<br>POLICE   | OTHER    | ,                          |               |              |
| 1 FAT               |  | INJUR          | Y _3L             | PROPE      | FITY DAMAGE        |                  | IN ("X" IF IN      | ISIDE CIT      | Y HMITS                                      | ,                  |                     |              | 1 🗀 '           | YES 2          | _ NO _           |                        |          | CODE                       | 1 URB         | AN .         |
|                     |  |                |                   |            |                    | or.              |                    |                | n □s   |                    | □wo                 | CITY:        |                 |                |                  |                        |          |                            | 2 RUR         |              |
| OCCURF              | RED ON: S  | TREET. H       | WY. NAME,         | OR ROU     | JTE NUMBER         |                  |                    | . NO.          | AT INTER                                     | SECTIO             | HTIW NC             | ł:           |                 |                |                  |                        | SR.      | NO.                        |               |              |
|                     |  |                |                   |            |                    |                  |                    | l i            |  |                    |                     |              |                 |                |                  |                        |          |                            | 3 BUSI        |              |
| OR: NEA             | OR: NEAREST INTERSECTION, BRIDGE, RR CROSSING (HOUSE NO - CITY ONLY) |                |                   |            |                    |                  |                    |                |  | FI                 | 4 RES               |              |                 |                |                  |                        | 4 ∐ RESI |                            |               |              |
|                     | OR   | _              | n ∐e<br>s □w      |            |                    |                  |                    |                |  | 0                  | EET □N □E MILE POST |              |                 |                |                  |                        |          | 00L                        |               |              |
|                     | N-INTERS   | ECTION         | 5 LIW             | 3 🗌 BB     | RIDGE              |                  | NDERPASS           |                | CO. NO.                                      |                    | OUTE N              |              | TENN.           | DEPT, OF       | TRANSF           | PORTATION              | LOG M    |                            | LOC           | 7 FXOB       |
|                     | TERSECTION   |                | . NO              |            |                    | 5 □ R<br>6 □ P   | AMP<br>RIVATE PRO  | PERTY          |  | /                  |                     |              | /               | /              |                  | /                      |          | _/_                        | /             |              |
| VEH.                | YEAR   | MAKE           |                   | MC         | DEL                |                  | OLOR               |                | BODY   | TYPE               |                     | BO           | DY V            | 'IN            |                  |                        |          |                            | <u> </u>      |              |
| 1                   | 1  |                |                   |            |                    |                  |                    |                |  |                    |                     |              | Ĭ <b>-</b>      |                |                  |                        |          |                            |               |              |
| LICENSE             | PLATE NO   | ).             | STATE             | YEAR       | VEH. PULL          | ING TRAIL        | .ER? TR.           | AILER<br>ODE   | VEH. DIS                                     | ABLED?             | VI                  | H. TOWE      | ED?             | IF TO          | WED, W           | IERE?                  |          |                            |               |              |
| İ                   |  |                |                   |            | 1 🗆 YES            | 2 🗆 NO           |                    | Ï              | 1 🗂 VES                                      | : ₂□               | NO.1                | YES          | 2□1             | NO             |                  |                        |          |                            |               |              |
| VEHICLE             | GOING  |                | Ь.                |            | 1 1 123            | 2 NO             |                    | 1 1            |  | SPEEL              |                     |              |                 |                | OUNT O           | DAMAGE                 |          | 'X' P                      | OINT OF INE   | TIAL         |
|                     | s 🗆 E  | □ w ON         |                   |            |                    |                  |                    |                |  |                    |                     | UNDE         |                 |                | 3 □ 0/           | /ER \$400              |          | (Shade                     | Damaged A     | (reas)       |
| DRIVER'S            | S FIRST  |                | MI                |            | LAST               |                  |                    | DOB<br>MO      | DAY  | YR.                | DRIVE               | R LICENS     | E NO.           |                |                  | \$TA                   | 'E       |                            | 1             |              |
|                     |  |                |                   |            |                    |                  |                    |                |  |                    |                     |              |                 | ·              |                  |                        |          | В                          |               | 2            |
| DRIVER'S<br>ADDRESS | s<br>s   |                |                   |            |                    | CITY             |                    | STA            | ATE  |                    |                     | ZIP          |                 | TELEPH         | ONE NU           | MBER.                  |          | [m]                        |               | 3            |
|                     |  |                |                   |            |                    |                  |                    |                |  |                    |                     |              |                 |                |                  |                        |          | 7                          |               |              |
| LICENSE             | CLASS/TY   |                | DORSEMEN<br>DE(S) | NT TV      | ENDORSI<br>COMPLIE | EMENT<br>D WITH? | RESTRIC<br>CODE(S) |                | RESTRI<br>COMPL                              | CTIONS<br>IED WITI |                     | SEX<br>1 □ M | RACE            | MAILUTE        | 1 🔲 LE           | RESIDENO<br>SS 25 MI.  | DE       | 6                          |               | 4            |
|                     |  |                |                   |            | 1 🗌 YES            | 2 🗌 N            | 0                  |                | 1 🗆 YE                                       | s 2 E              | □ NO                | 2 🗌 F        | 3               | BLACK<br>OTHER | 2 0 0V<br>3 0 0U | ER 25 MI.<br>T OF STAT | re       | _                          | 5             |              |
| OWNER'S             |  | FIF            | ST                |            | Mi                 | LAST             |                    | DOE<br>MC      | 3:<br>0.   DAY                               | YB.                | DRIVE               | 9 LICENS     | E NO.           |                |                  | \$TA                   | TE   111 | UNDERC                     | ARRIAGE<br>VN |              |
| □ SAME<br>DRIVE     | EAS<br>ER  |                |                   |            |                    |                  |                    |                |  |                    |                     |              |                 |                |                  |                        | 13       | ROLLED<br>NON-CO           | NTACT         |              |
| OWNER'S             | S<br>S   |                |                   |            |                    | CITY             |                    | \$TA           | ATE  |                    |                     | ZIP          |                 | TELEPH         | ONE NO.          |                        | US       | ECIAL VEI                  | HICLE CM      | IV D YES     |
|                     |  |                |                   |            |                    |                  |                    |                |  |                    |                     |              |                 |                |                  |                        | (Er      | nter Code)                 |               | □ NO         |
| VEH.                | YEAR   | MAKE           |                   | MC         | DEL                | C                | OLOR               |                | BODY   | TYPE               |                     | BOI          | D¥ V            | IN             |                  |                        |          |                            |               |              |
| 2                   |  |                |                   |            |                    |                  |                    |                |  |                    |                     |              |                 |                |                  |                        |          |                            |               |              |
| LICENSE             | PLATE NO   | ).             | STATE             | YEAR       | VEH. PULL          | ING TRAIL        | ER? TR/            | AILER<br>DDE   | VEH. DIS                                     | ABLED?             | VE                  | H. TOWE      | D?              | IF TO          | WED, WH          | ERE?                   |          |                            |               |              |
| ŀ                   |  |                |                   |            | 1 🗆 YES            | 2 🗌 NO           |                    |                | 1 🔲 YES                                      | 2 🖵                |                     |              |                 |                |                  |                        |          |                            |               |              |
| VEHIÇLE             | GOING  | _ ON           |                   |            |                    |                  | •                  |                | POSTE  | SPEEC              | OI                  | FICER'S      | ESTIM.          | ATED AM        |                  | DAMAGE                 |          |                            | INT OF INI    |              |
| ☐ N ☐               | S □ E  | □ w            | MI                |            | LAST               |                  |                    | DOB            | <u>.                                    </u> |                    |                     | UNDE         |                 |                | 3 🔲 OV           | ER \$400<br>STA        | re       | (Shade                     | Damaged A     | (reas)       |
| NAME                | 5 FIM51  |                | IAII              |            | DAGT               |                  |                    | MO.            | DAY  | YR.                | 5                   | LIGEN        |                 |                |                  |                        |          |                            |               | _            |
| DDIVED!             |  |                |                   |            |                    | CITY             |                    | STA            | ATE  |                    |                     | ZIP          |                 | TELEPH         | ONE NUM          | ABER -                 |          | 8                          |               | 2            |
| DRIVER'S<br>ADDRESS |  |                |                   |            |                    | CITT             |                    | 317            |  |                    |                     | -"           |                 |                | 0.12             |                        |          | 7                          | 9             | 3            |
| LIGENOS             | DI 450 D   | oe Teur        | NO DOENE          | ır         | ENDORSE            | MENT             | RESTRIC            | TION           | RESTRI                                       | TIONS              |                     | SEX          | RACE            |                | DRIVER           | RESIDENC               | `F       | 6                          |               | 4            |
| LICENSE             | CLASS/TY   | CO             | DORSEMEN<br>DE(S) | M1         | COMPLIE            | D WITH?          | CODE(S)            |                | COMPLI                                       | ED WITH            | 4?                  | 1 🔲 M        | Į, Ĥ            | WHITE          |                  | SS 25 MI.              |          |                            | 5             |              |
|                     |  |                |                   |            |                    | 2 N              | <u> </u>           | l non          |  | S 2                | .,,                 | 2 F          | <u> 13 L. I</u> | OTHER          | 3 🗖 QU           | T OF STAT              | E 10     | LUNDERO                    | ARRIAGE       |              |
| OWNER'S             |  | FIR            | ST                | ,          | MH                 | LAST             |                    | MO             | DAY  | YA.                | DRIVE               | LIGENS       | E NU.           |                |                  | SIA                    | [12      | UNDERC<br>UNKNOV<br>ROLLED |               |              |
| ☐ DRIVE             | EŘ   |                |                   |            |                    |                  |                    |                | <u> </u>                                     |                    |                     | PD           |                 | TC) FOU        | ONE NO           |                        | 13       | NON-CO                     |               | N/           |
| OWNER'S<br>ADDRESS  | S<br>S   |                |                   |            |                    | CITY             |                    | STA            | NIE.   |                    | 1                   | žiP          |                 | TELEPHO        | UNE NO.          |                        | ŲŞ       | AGE<br>hter Code)          | HOLE OM       | YES          |
|                     |  |                |                   |            |                    |                  |                    |                |  |                    |                     |              |                 |                |                  |                        | ,,,,,    |                            | 1             | □ NO         |
| CITAT               | TIONS<br>JED?  | DAIVE          | 3 NO. —           |            | COURT              | ·                |                    | COURT<br>DATE  |  |                    | . DA                | IVER NO.     |                 |                | COL<br>DIV.      |                        |          |                            | OURT          |              |
|                     | 2 🔲 NO   |                |                   |            |                    |                  |                    | CITATIONO.     | ON   |                    |                     | ARGES        |                 |                |                  |                        |          | OF<br>NO                   | TATION        |              |
|                     |  |                | NK & NAM          | E (Print N | lame)              |                  |                    |                |  |                    |                     | E/ID NO.     |                 | DIST/ZO        | NE               | CAR. NO.               | -        | MO.                        | REPORT D      | ATE<br>  YR. |
|                     |  |                |                   |            |                    |                  |                    |                |  |                    |                     |              |                 |                |                  |                        |          |                            |               |              |

| DOCUMENT CONTROL NUMBER (DO NOT USE) | LOCAL AGENCY USE | 2917480                    |
|--------------------------------------|------------------|----------------------------|
| DESCRIBE WHAT HAPPENED:              |                  |                            |
|                                      |                  |                            |
|                                      |                  |                            |
|                                      |                  | <u> </u>                   |
|                                      |                  |                            |
|                                      |                  |                            |
|                                      |                  | C 7                        |
| 1 2 3                                | 4 5<br>          | 6 <b>7</b>                 |
| COLLISION DIAGRAM                    |                  |                            |
| =                                    |                  |                            |
| 1=                                   |                  | INDICATE NORTH BY ARROW  1 |
| =                                    |                  |                            |
|                                      |                  |                            |
| <b>2</b> —                           |                  | _ 2                        |
| 3                                    |                  |                            |
| 3-                                   |                  | <b>3</b>                   |
| =                                    |                  |                            |
|                                      |                  | <del>-</del>               |
| 4-                                   |                  | <b> 4</b><br>              |
| 3                                    |                  |                            |
|                                      |                  | 5                          |
| 5<br><br>                            |                  |                            |
|                                      |                  | <u> </u>                   |
| 6 <del></del>                        | •                | 6 7                        |
|                                      | 4 5              |                            |
| IIIVESTIGNIONO SIGNATORE             | DAT              |                            |
| REPORT REVIEWED BY:                  |                  |                            |

| 1 THF<br>2 CPE                                  | TIME OF A  : HRS. : MIN REPORTING AGENO 3. — SO ) 4. — OT VESTIGATING AGEN | CCIDENT a.m. IS. p.m.  CY                  | Did the Ad<br>1. Tr<br>2. Bu<br>SI<br>3. Pe<br>4. Inj<br>5. Ve | ccident inv<br>ruck with a<br>us with se<br><u>TOP If</u><br>erson(s) fa<br>sjured Pers<br>ehicle(s) 1 | olve<br>t least 2<br>ats for m<br>esponse<br>tally inju |  | wers to quest<br>or haz, mat. p<br>opte, includir<br>ons is "NO" | tions be<br>placard<br>ng the c | ?<br>driver?<br>lot Fill Out l | nine use.  YES  YES   |
|---|--|--|--|--|---|--|--|---------------------------------|--------------------------------|-----------------------|
| 1. — THF 2. — CPE                               | HRS. : MIN REPORTING AGENC 3. — SO 4. — OT VESTIGATING AGEN                | a.m. ISp.m. CY                             | Did the Ad<br>1. Tr<br>2. Bu<br>SI<br>3. Pe<br>4. Inj<br>5. Ve | ccident inv<br>ruck with a<br>us with se<br><u>TOP If</u><br>erson(s) fa<br>sjured Pers<br>ehicle(s) 1 | olve<br>t least 2<br>ats for m<br>esponse<br>tally inju | axles, 6 tires of ore than 15 pe to both questined?  | or haz. mat. p<br>ople, includir<br>ons is "NO"                  | olacard                         | ?<br>driver?<br>lot Fill Out l | YES   YES             |
| 1. THF 2. CPE IN                                | REPORTING AGENC  3. ——— SO  4. ——— OT  VESTIGATING AGEN                    | HER  | 2. Bu<br>SI<br>3. Pe<br>4. Inj<br>5. Ve                        | us with se<br><u>TOP If</u><br>erson(s) for<br>ijured Pers<br>ehicle(s) 1                              | ats for m<br>esponse<br>itally inju                     | ore than 15 pe<br>to both questi<br>red?   | ople, includir<br>ons is "NO"                                    | ng the                          | driver?                        | YES .                 |
| 2. — CPI  | O 4. ——— OT  | HER  | 3. Pe<br>4. Inj<br>5. Ve<br><u>S1</u>                          | erson(s) fa<br>jured Pers<br>ehicle(s) 1   | tally inju  | red?   |  | Do N                            | _                              |                       |
| IN' Total Number of                             | VESTIGATING AGEN   |  | 5. Ve<br><u>S</u> 1  | ehicle(s) 1  | on(s) tak   |  | 12 6   |                                 |                                | _ 1E3 L               |
|   | Vehicles   |  |  |  | owed fro  | cen away for moments are seen away for moments are seen away for moments are seen are s | is "NO" D  | o Not F                         | ill Out Forn                   | YES                   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,         |  | Number of FATALIT                          | ries   | N  | umber o   | nd 5 is "YES" of INJURIES of Accident:   | FILL OUT   | As                              | result of A                    | Accident<br>le Towed? |
|   |  |  |  |  |   |  |  |                                 | •                              | (2)                   |
| OUNTY   | CODE CITY  |  | CODE   | Location   | : Number  | Name of Highwa   | .y/Street  |                                 |                                | 3.11.140              |
| VEH. LICENSE PLAT                               | ENO. STATE   | YEAR VIN (Vehicle Id                       | entification Num   | nber)  |   | <del>,</del>   |  |                                 |                                |                       |
| ARRIER'S IDENTIFICATI                           | ON NUMBERS:  | ICC MC (6 Digit Number)                    |  | IF NOT<br>STA  |   | DR ICC MC, then  | State Name a   |                                 | hber                           |                       |
| ARRIER'S NAME:                                  |  |  | -  |  | Sour<br>of Ca   | rrier  | 1 \  |                                 |                                |                       |
| ARRIER'S ADDRESS                                | (Street  | or PO Box)                                 |  | City   | Nam   |  |  | State                           | 2                              | ZIP Code              |
| ross Veh. Wt. Rating                            | Axles on Vehicles, including trailers:                                     | HAZ MAT INVOLVEMEN<br>VEH have HAZ MAT Pla | card?  | Was Hazar<br>Vehicle rela<br>fuel from fu  | ased? (do<br>el lank)                                   | not count  | HAZ MAT Na   | ame:                            | Nos. from<br>4-digit           | Haz Mat Plac          |
| BUCK OR BUS - <b>DRIVE</b><br>ast               | R'S NAME<br>First  | 1 Yes 2                                    |  | 1\<br>DO<br>Mo.   Da   | В   | DRIVER LICE  | ENSE NO.   |                                 |                                | STATE                 |
| VEH. LICENSE PLAT                               | E NO. STATE  | YEAR VIN (Vehicle Ide                      | entification Num   |  |   |  |  |                                 |                                |                       |
|   |  |  |  | · · · · · · · · · · · · · · · · · · ·  |   |  |  |                                 | <u> </u>                       |                       |
| ARRIER'S IDENTIFICATI<br>S DOT (6 Digit Number) | ON NUMBERS:  | ICC MC (6 Digit Number)                    |  | STA  | TE<br>TE  | OR ICC MC, th  | STATE NU   | e and Ni<br>MBER                | nuper                          |                       |
| ARRIER'S NAME:                                  |  |  |  |  | Source<br>of Ca   | rrier  |  | Shipping                        |                                |                       |
| ARRIER'S ADDRESS                                | (Street o  | or PO Box)                                 | <u> </u>   | City   | Name  | <u> </u>   |  | Oriver<br>State                 | Z                              | ZIP Code              |
| ross Veh. Wt. Rating                            | Axles on Vehicles, including trailers:                                     | HAZ MAT INVOLVEMEN<br>VEH have HAZ MAT Pia | card?  | Was Hazar<br>Vehicle rele  | ased? (do   |  | HAZ MAT Na   | ame:                            | Nos. from<br>4-digit           | Haz Mat Plac          |
| ibs.  |  | 1Yes 2                                     |  | fuel from fu   | es  | 2 No   | -NOE NO  |                                 |                                | STAT                  |
| RUCK OR BÜS - <b>DRIVE</b> I<br>ast             | R'S NAME<br>First  |  | MI   | Mo. Da   |   | DRIVER LICE  | INDE NU.   |                                 |                                | STAL                  |
| IVESTIGATING OFFICER                            | RANK & NAME (Print N   | ame)                                       |  |  |   | BADGE/ID N   | O. DIST/Z  | ONE                             | CAR NO.                        | REPORT D<br>MO. DAY   |

|   |  | Page of   |  |  |  |  |
|---|--|---|--|--|--|--|
| WEATHER CONDITION   | LIGHT CONDITION  | ROAD SURFACE CONDITION  |  |  |  |  |
| 1. No Adverse Condition 2. Rain 3. Sleet, Hail 4. Snow 5. Fog 6. Blowing Sand, Soil, Dirt, or Snow 7. Severe Crosswinds 8. Other 9. Unknown   | 1. Daylight 2. Dark - Not Lighted 3. Dark - Lighted 4. Dawn 5. Dusk 9. Unknown | VEHICLE  1. Dry 2. Wet 3. Snow or Slush 4. Ice 5. Sand, Mud, Dirt or Oil 8. Other 9. Unknown  |  |  |  |  |
| TRAFFIC   | VAY  | ACCESS CONTROL VEHICLE  |  |  |  |  |
| VEHICLE  1. Not Physically Divided (2-way 2. Divided Highway, Median Strip 3. Divided Highway, Median Strip 4. One - Way Trafficway  VEHICLE  1. Bus 2. Single-unit truck: 2 axles, 3. Single-unit truck: 3 or mo | o, Without Traffic Barrier o, With Traffic Barrier GURATION 6 tires            | 1. No Control (unlimited access) 2. Full Control (ONLY ramp entry and exit) 3. Other  CARGO BODY TYPE  VEHICLE  1. Bus 2. Van/enclosed box 3. Cargo tank 4. Flatbed |  |  |  |  |
| 4. Truck/trailer 5. Truck tractor (bobtail) 6. Tractor/semi-trailer 7. Tractor/doubles 8. Tractor/triples 9. Unknown heavy truck, ca  | nnot classify  | 5. Dump 6. Concrete mixer 7. Auto transporter 8. Garbage/refuse 9. Other  |  |  |  |  |
| SEQUENCE OF   | APPARENT DRIVER CONDITION  |   |  |  |  |  |
| Circle the numbers (up to four) that best descr sequence of events for that vehicle.  VEHICLE   | DRIVER (Note: Check only ONE VEHICLE condition per driver)                     |   |  |  |  |  |
| SEQUENCE SEQUENCE   |  | 1. Appeared Normal  |  |  |  |  |

| sequence of events for that vehicle.                           | DRIVER (Note: Check only ONE  |
|--|-------------------------------|
| VEHICLE  | VEHICLE condition per driver) |
| VEHICLE  |                               |
| SEQUENCE SEQUENCE  | 1. Appeared Normal            |
| 1 2 3 4   1 2 3 4 Ran off Road                                 | 2. Had Been Drinking          |
| 1 2 3 4 1 2 3 4 Jackknife                                      | 3. Illegal Drug Use           |
| 1 2 3 4 1 2 3 4 Overturn                                       | 4. Sick                       |
| 1 2 3 4 1 2 3 4 Downhill runaway                               | 5. Fatigue                    |
| 1 2 3 4 1 2 3 4 Cargo loss or shift                            | 6. Asleep                     |
| 1 2 3 4 1 2 3 4 Explosion or fire                              | 7. Medication                 |
| 1 2 3 4 1 2 3 4 Separation of units                            | 8. Unknown                    |
| 1 2 3 4 1 2 3 4 Collision involving pedestrian                 |                               |
| 1 2 3 4 1 2 3 4 Collision involving motor vehicle in transport |                               |
| 1 2 3 4 1 2 3 4 Collision involving parked motor vehicle       |                               |
| 1 2 3 4 1 2 3 4 Collision involving train                      |                               |
| 1 2 3 4 1 2 3 4 Collision involving pedalcycle                 |                               |
| 1 2 3 4 1 2 3 4 Collision involving animal                     | ]                             |
| 1 2 3 4 1 2 3 4 Collision involving fixed object               |                               |
| 1 2 3 4 1 2 3 4 Collision involving other object               |                               |
| 1 2 3 4 1 2 3 4 Other  |                               |
|  |                               |